P.01/02

FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Frective January 1, 2010, all statements and reports filed by new committees PAIGN DISCLOSURE 5. Effective January 1, 2010, all statements and reports filed by new committees in ALGIT DISCLOSURE of for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed 2012 MAY 21 PM 1: 22

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State
Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of	of Organization)			
Freitag for Auditor		FOI		
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candid (4) County Central Committee (5) County Candidate (6) City Subdivision Candidate (6) County PAC (9) City PAC (10) S11) Local Ballot Issue	(Rev.	DR-2 (Rev. 12/2009) For Office Use Only Comm. # 17/20		
CANDIDATE COMMITTEES ONLY: Candidate Name Dennis Freitag	Political Party (if applicable) Republican	Scanne	III TA ed TA	
Office Sought Clayton County Auditor	District (if Senate or House)		J	
Late reports are subject to possible civil and criminal penalticandidate's committee, and the chairperson, for any other ty SIGNATURE OF PERSON FILING REPORT	es. Pursuant to lowa Code sections 68B.32A(7 pe of committee, is the individual responsible for the section of	or filing timely	1(3), the candidate, for a and accurate reports. -19-1Z DATE SIGNED	
AM FILING A May 19, 2012	REPORT FOR (1) ELECTION /(2)NON-ELE	CTION YEAR	
(report date)	Indicate by #		TION IDAK.	
CHECK IF AMENDMENT TO REPORT DATED			es, enter Date of Election	
STATEMENT OF CASH ON L	_(nich Election is Clayton		
STATEMENT OF CASH ON H	AND			
CASH ON HAND at the beginning of the reporting period committee. This amount MUST be the same a of the last reporting period or must be zero if the	s the cash on hand at the end	s _3	32.18	
ADD TOTAL MONEY TAKEN IN THIS PERIO				
Schedule A: Cash Contributions total (Attach \$	Schedule A) (*also see in-kind below)			
Schedule F: Loans Received total (Attach Sch	edule F)			
Schedule H: Total Sales of Campaign Property	y (Attach Schedule H)			
(Schedule H applies to Candidates'	Committees Only)			
	SUB-TOTAL	\$		
SUBTRACT TOTAL MONEY SPENT THIS PE	RIOD			
Schedule B: Expenditures total (Attach Schedu	ule B) (**also see debts and loans below)			
Schedule F: Loan Repayments total (Attach Sc	chedule F)			
CASH ON HAND at the end of this reporting period (if fin	al report balance must be zero)	\$ _3	2.18	
*UNPAID BILLS (From Schedule D - Attach Schedule D	0),,	\$	The State of	
IN KIND CONTRIBUTIONS (From Schedule E - Attach	Schedule E)	\$		
*OUTSTANDING LOANS (From Schedule F - Attach Sc	chedule F)	\$ _8	311.75	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YE	s / No	
CANDIDATE COMMITTEES ONLY:				
ALUE OF CAMPAIGN PROPERTY (From Schedule H	- Attach Schedule H)	\$_		
STATE COMMITTEES: Submit a reconciled campaign a	account bank statement in January of each v	907		

MITTEE NAME (Mus	t be same as on Statement of Organization)			SCHEDULE F	LOAN
itag for Auditor				(Rev. 02/08)	& REP
AL UNPAID LOANS F	orts money loaned to the committee which is deposited in FROM LAST REPORTING PERIOD \$ 811.75 ANS RECEIVED THIS REPORTING PERIOD			CHECK	IG FOR
Original source DATE RECEIVED	of loan, such as a bank, must be shown if a third party is NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	REL	ATIONSHIP TO	I AMOUNT O	
(MM/DD/YR)	(masse grades a ribina, ii Applicable)	ame, If Applicable) CANDIDATE (If Appl		ble*)	
l l				1	
RT II - MONETARY LO	OAN REPAYMENTS MADE THIS REPORTING PERIO must be reported on Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER	i)		s	
(Loans forgiven	OAN REPAYMENTS MADE THIS REPORTING PERIO must be reported on Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELA	PART I) ATIONSHIP TO ATE* (If Applicable)	AMOUNT R	EPAID
(Loans forgiven	must be reported an Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER	RELA	ATIONSHIP TO		EPAID
(Loans forgiven	must be reported an Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER	RELA	ATIONSHIP TO	AMOUNT R	EPAID
(Loans forgiven	must be reported an Schedule E In-kind Contributions NAME AND ADDRESS OF LENDER	RELA	ATIONSHIP TO	AMOUNT R	EPAID
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELA CANDIDA	ATIONSHIP TO ATE* (If Applicable)	AMOUNT RI	
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELA CANDIDA	ATIONSHIP TO ATE* (If Applicable)	AMOUNT RI	
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELACANDIDA REPAYMENTS TAL LOANS FOR	ATIONSHIP TO ATE" (If Applicable) (PART II) S GIVEN S	AMOUNT RI	